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Speeches may be often divided according to grammatical rules; some speeches stick to the ^{indicative} ~~introduction~~, past, present and rarely future; other speeches have a definitely optative flavor; a few run close to the imperative. I should like to talk today in what is essentially the subjunctive, or conditional, since this is the form that fits hypothesis and suggestion best.

I should like to make a proposal or offer you a thesis, not that it is a matter of established conviction on my part but rather because with something definitely proposed, discussion can get started rather more easily, and we may make some headway on what is after all a rather difficult and poorly defined subject.

The proposal is that medical societies, academies, etc. throughout the United States should raise money on the basis of payment of about \$5. to \$10 a head and that this money should be turned over to the nearest medical school to defray the expenses of a department costing between \$5,000 and \$15,000 annually, the department to be placed in the field of public health and preventive medicine and to be devoted to the dissemination of medical information and the teaching of public health and hygiene. Such department expenses would defray salary of a physician and secretary, travel and publication expenses, and in the case of large departments the salaries of some assistants. It would be the duty of such a department to give lectures to medical students, nurses, university students, and from the general public to adults, P.T.As., teachers, etc. and to provide written articles for somewhat similar though largely lay audiences. That is the proposal.

Let us first examine the question of whether health education can be expected of most physicians in their practice. There is no doubt

that the doctor has a considerable status or stance in the eyes of his patients. From childhood on we regard the doctor as the man we trust in the emergency of illness. As a matter of fact in some ways he has the problems and life of a dictator. He lives from one emergency to the other and is treated as the person capable of resolving the difficulties of the majority of cases. People want to believe that their doctor has capacities that are really on the unusual side. I suppose for the same reason the ancient Jews in Biblical times felt a great deal happier in reassuring themselves that Jehovah ^{omnipotent,} ~~was~~/omnipresent and a great deal better than Baal, more dependable, more powerful, more benevolent. In other words a better God in an emergency than the other Gods. The fact is that the layman is likely to occupy one of two extremes in regard to his doctor - (1) either that he thinks he is wonderful, or (2) that he thinks medicine is cluttered with mountebanks and more or less self-deluded figures. In other words the enthusiasm in one camp is equalled by the bitterness in the other, and that is the thing you would expect where the issue is incapacity or health, life or death. Now all this makes it clear that the layman may be very ready to learn from the doctor, but it does not prove in the least that the doctor is in a particularly satisfactory position to instruct the laymen. In fact the doctor in practice is not likely to be much of a teacher. In the first place the emergencies, surgical and medical, will always take precedence over educational appointments. Practically speaking they also have right of way in point of the doctor's interests. Teaching as it is ordinarily organized these days is likely to get pretty highly organized before the layman will admit that it really is teaching. In other words the doctor as a teacher would have to go in for lectures, recitations, marks, and probably a diploma since he does not know much about teaching without these

adjuncts, and the layman does not feel he is getting his money worth without them. The main point, however, is that ^{Medical} these emergencies crowd out in point of time and interest the efforts which should be taken in health education. Furthermore in teaching given to medical students now there is no training and no suggestions to help the physician as a teacher of hygiene and health, and what the doctor gets of ^{disease} ~~these~~ is not what the layman needs to know of prevention of disease. But more than this there is one field of health education in which as yet we know remarkably little and certainly not enough to make the teaching very easy. I refer to that branch of health, physiology, which would throw light upon what factors of safety there are in the human body. For instance, how much protein can you do without? Or how much sleep can you forego for long periods? Factors of safety in such points we do not know, but there is coming an entirely new and very significant development which may be of great use in the teaching of hygiene and health. It is coming from the physical examination of war and civilian air pilots where the subject of interest and investigation is the optimum performance under certain special and rather artificial stress to which pilots are subjected. This idea of optimum performance may come to be a dominating factor in the development of health education ^{and hygiene.}

Can effective health education be expected of medical schools? Well, not just as they stand, for the medical schools are pre-occupied with the task of teaching medical students. One of the best ways to make sure that any group of people will not do something is to set them very actively to doing something else. The medical schools are in this position. They are teaching future doctors and they are so pre-occupied by the task that one cannot expect initiative in health education ^{to come from} ~~the medical~~ schools. But on the other hand the medical schools are wonderfully

near to being able to do a good job in health education. First, because they have the tradition and facilities for teaching what is already known, and (2) because they have the personnel, especially if they are related to the rest of the university competent to explain the significance of new discoveries in medicine. I do not find that it is likely that on the staff or in the personnel of the ordinary medical society or academy there is sufficient distribution of talent and experience, especially in the preclinical branches of medicine to give adequate support to a wide program of health education.

What about the medical societies and academies, can they provide health education? I think that the place where the medical society is particularly interested in health education is in the intelligent use of the medical profession. This may be a little unorthodox and iconoclastic, but the fact is that the public health authorities when they are not themselves in practice have been extremely effective advertising agents for the physicians. Since the medical schools are not likely to take an initiative in health education and since it is so manifestly to the advantage of the medical profession to have its services better understood as well as ^{having} a high level of intelligence in matters of biology throughout the community, I should feel that initiative and support coming from the medical organizations but with the locus of information and education in a university, the problems would best be met.

There are about 66 medical schools in the United States; there are about 132,000,000 people. This gives a medical per each 2,000,000. There are 1000 - 2000 doctors per each 2,000,000. If the physicians paid \$5 to \$10 a head, a department in each medical school could be sup-

ported annually in the amount of \$5,000 - \$15,000. The duties of the head of such a department would be first and foremost to keep up with the progress of medicine. He ought to give ten of the lectures in the hygiene dourse, but not be the professor of hygiene. His special service ought to be that of his ability to speak and write clearly and cogently. He ought to give about ten of the lectures in the clinical courses on the preventive side of different clinical activities, and this in the closest collaboration with the clinical professors. Furthermore he ought to give yearly about 20 repetitions of the same lecture on recent advances in medicine, a lecture available for lay audiences; he ought to give about 20 repetitions of the same lecture on recent advances in medicine especially the preclinical fields, and in this instance give them to the medical societies. These, of course, would be entirely different in character and flavor. He ought to give about 10 lectures a year on recent advances in therapy and diagnosis to nurses, visiting nurses, welfare agencies, and certain lay audiences. Out of this lecture program at least 20 broadcasts or newspaper releases should be available. If in each medical school there was such a person, it would not be past belief that they could exchange material rather extensively and secure a simply remarkable effect upon the public's knowledge of hygiene, preventive medicine and the uses to which the medical profession may appropriately be put.